

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____		
							APPLICANT(S) _____				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		2					54				
5		2					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14	1						64				
15		1					65				
16		2					66				
17		2					67				
18		2					68				
19	1						69				
20	1						70				
21		2					71				
22		2					72				
23		2					73				
24	1						74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30	1						80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		2					86				
37	1						87				
38		1					88				
39		1					89				
40		1					90				
41	1	1					91				
42		1					92				
43		1					93				
44	1						94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50	1						100				
TOTAL IND.	10						TOTAL IND.				
TOTAL DEP.	48						TOTAL DEP.				
TOTAL CLAIMS	58						TOTAL CLAIMS				